

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

14722

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| BIRTH NO. | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>544</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (In this place) <u>8 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Platte TWP.</u> | | 0110 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Idle Hour Rest Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 2</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> | | b. (Middle) <u>T.</u> | | c. (Last) <u>Noland</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1955</u> | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>May 24, 1874</u> | |
| 9. AGE (In years last birthday) <u>81</u> | | 10. MONTHS <u>81</u> | | 11. BIRTHPLACE (State or foreign country) <u>Buchanan Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Buchanan Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | |
| 13a. FATHER'S NAME <u>Hardin Noland</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Cannon</u> | | 14. NAME OF HUSBAND OR WIFE <u>Elizabeth Noland</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Albert Noland</u> ADDRESS <u>Gower Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>331X</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Benign Prostatism</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Asthma</u> | | | |
| 19a. DATE OF OPERATION <u>8/22/53</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>T. U. R. - Special - Urinary retention</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>8/22</u> , 19 <u>53</u> , to <u>5/26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5/25</u> , 19 <u>55</u> and that death occurred at <u>9:25pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H. F. Munday</u> | | | | 23b. ADDRESS <u>2801 Sacramento St. Joseph, Missouri</u> | | 23c. DATE SIGNED <u>5/31/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>May 28, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hebron Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Gower Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>June 2, 1955</u> | | REGISTRAR'S SIGNATURE <u>Carver M. Allison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Murray</u> | | ADDRESS <u>Gower Mo.</u> | |

(Licensed Embalmers' Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John F. Murray
2893

Licensed Embalmer No.

P. O. Address

Gower, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.